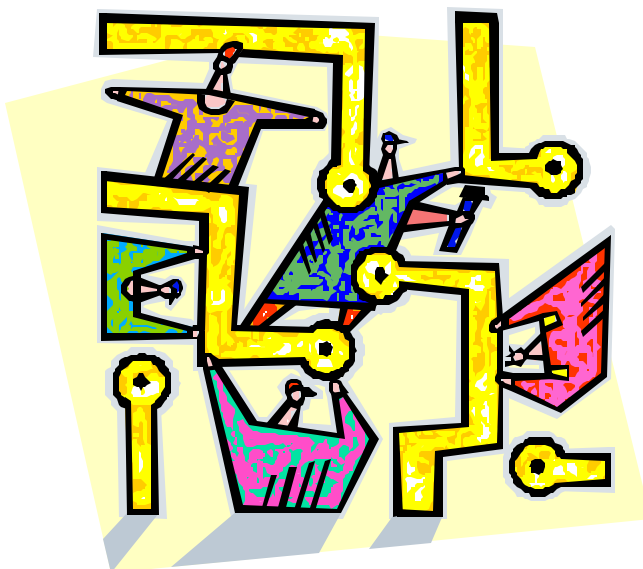




Maine

Office of Substance Abuse

2001 Data Report



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This publication may be made available in alternate formats upon request.

Acknowledgements

This databook was put together with the help of many different substance abuse provider agencies who report to the Maine Office of Substance Abuse's Treatment Data System as well as a variety of other agencies both private and public from whom data has been collected.

Thank you all for your help and assistance.

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Introduction

The Maine Office of Substance Abuse (OSA), in the Department of Behavioral Health and Developmental Services, collects data from a variety of sources relating to the prevention, intervention and treatment of substance abuse.

The data reflected in the 2001 Databook is a compilation of information obtained from the Treatment Data System, the Maine Youth Drug and Alcohol Use Survey and archival indicator data.

TDS. The majority of the data comes from the Treatment Data System (TDS) a part of the Office of Substance Abuse Data System (OSADS). The demographic data in TDS is collected from substance abuse treatment agencies that report to TDS for a variety of reasons. Those reasons are as follows:

- ? OSA funded agencies must report all their substance abuse treatment clients regardless of who pays for their treatment,
- ? agencies who are certified to be able to serve clients who have been convicted of an impaired driving offense and are involved in the Driver Education and Evaluation Program (DEEP) report only the DEEP clients to TDS,
- ? agencies who will be seeking Medicaid reimbursement for substance abuse treatment report those clients to TDS, and
- ? agencies who dispense methadone report all their clients to TDS.

The data is collected from three different forms. The admission form (A-1) and discharge form (D-1) collect demographics as well as some outcome information. The shelter/detoxification form (A-D) is an abbreviated form that combines questions from the admission and discharge form and is to report services from shelter and detoxification agencies. Because of the short time clients are in shelter and detoxification it was beneficial to the reporting agencies to design the combined form.

The information collected from the TDS forms is self-reported. Agencies complete the A-1 form with the client upon admission to the treatment program and then complete a D-1 form upon discharge.

The TDS is a dynamic system. Agencies continually report new data as well as correct and update older information. For that reason, it is difficult to put a "final" date on the collection of the data. The data represented in this book was run in November, 2001 for the fiscal year ending June 30, 2001.

MYDAUS. The Office of Substance Abuse has administered the Maine Youth Drug and Alcohol Use Survey (MYDAUS) at various times since 1988. The most recent administration was in February 2000. The survey is based on the Communities that Care survey and measures a variety of risk and protective factors that are used to create scales. The risk and protective factor scales create a visual manner by which particular areas of need can be identified so that prevention strategies can be implemented to either reduce the risk or raise the protection against substance use and abuse.

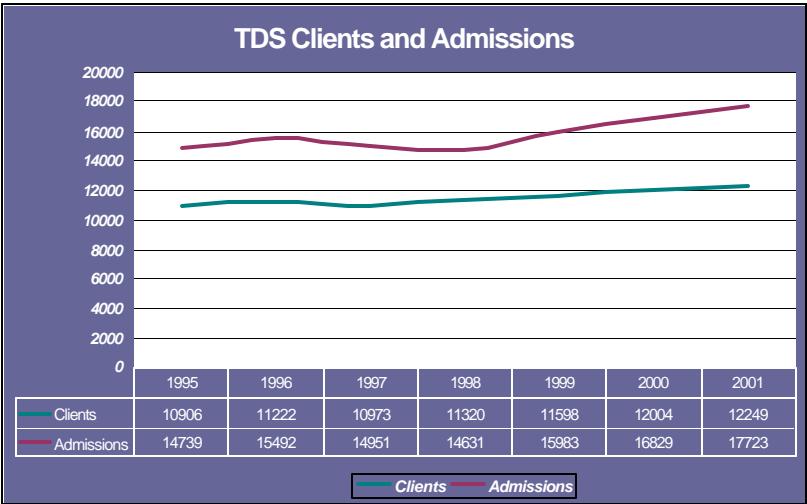
ARCHIVAL DATA. Also, archival data has been collected through two prevention research projects. Those projects are the Six State Consortium Project and the Diffusion Grant Project. Both projects have been supported with grants from the federal government and in association with the Social Development Research Group at the University of Washington. Several other states have participated in the projects as well.

During the Six State Consortium Project, 42 indicators were validated across the six states participating and found to be statistically significant. Those indicators include data items such as Unemployment, Free and Reduced Lunch, Net Migration and Adults in Substance Abuse Treatment.

The Office of Substance Abuse continues to update the archival indicators and currently has data up through 2000.

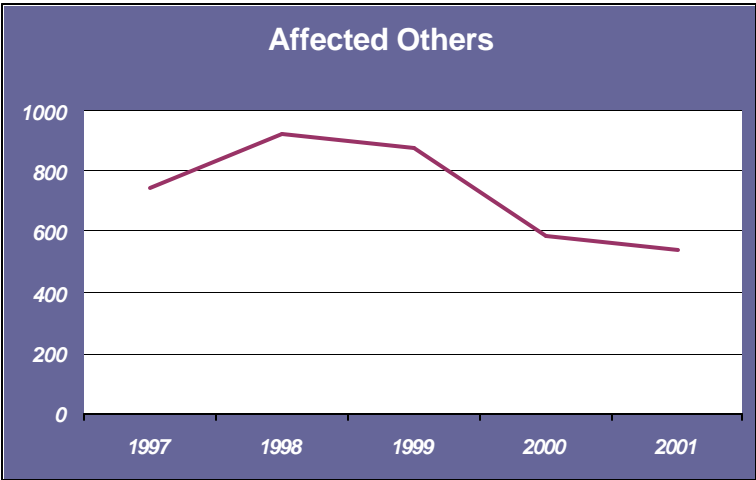
In 1998, with the publication of the report “The Largest Hidden Tax: Alcohol Abuse in Maine” and an increase in federal funds, OSA was able to reverse a downward trend in access to services. In 2001, the Office of Substance Abuse was awarded a portion of the tobacco settlement called the Healthy Maine Fund. The new funds allow new capacity to be created and more people to have access to treatment.

The clients reflected in the graph represent the unduplicated number of admissions reported to the Office of Substance Abuse’s Treatment Data System (TDS). The admissions reflect the duplicated number of admissions (i.e. client John Doe received treatment twice in the last year) and are a better reflection of treatment capacity.



Graph 1. Data Source: Treatment Data System (TDS),
Office of Substance Abuse

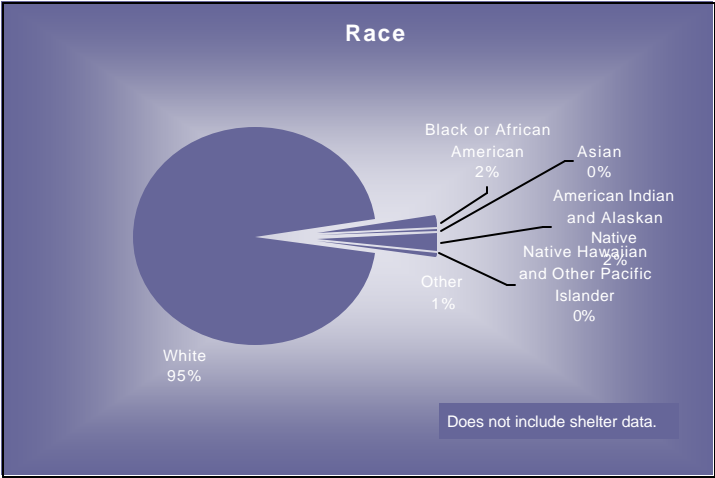
The majority of the clients reported to the TDS are primary substance abuse clients (91.3%). Affected others (5%) and evaluation only clients (3.7%) make up a very small proportion of the client base. There has been a significant decrease over the last several years in the proportion of affected clients most of



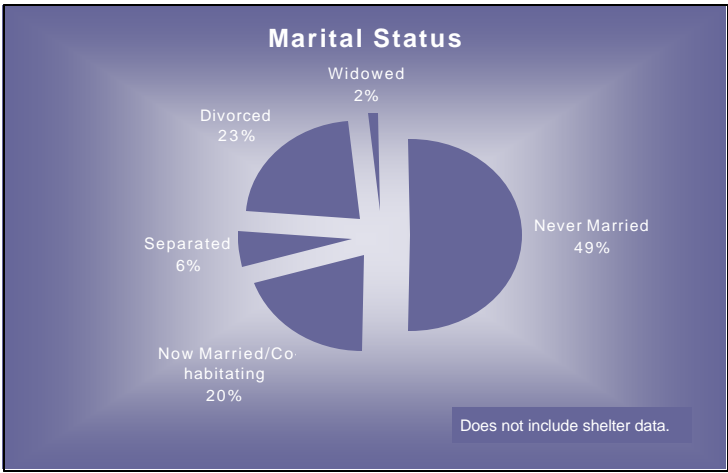
Graph 2. Data Source: Treatment Data System (TDS),
Office of Substance Abuse

whom are children of substance abusing parents. It has dropped from a high of 8% in SFY 1998 to the current low at 5%. This is equivalent to a decrease of several hundred affected other clients being served. OSA is unsure why this trend has occurred, and will continue to monitor these statistics to determine whether this is in fact a trend or a statistical anomaly.

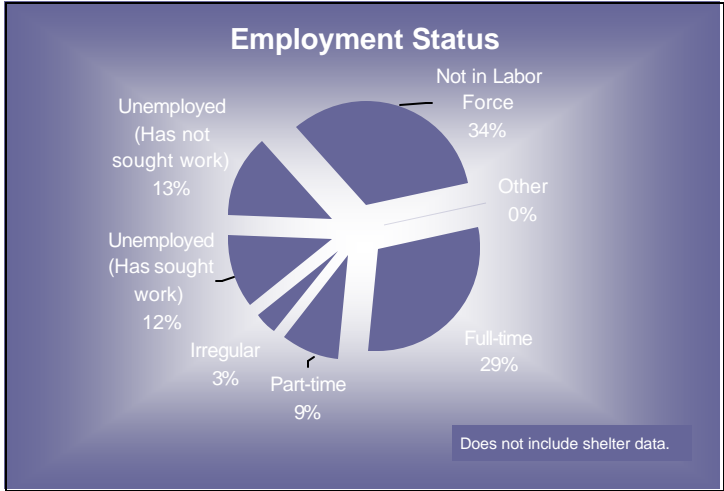
This page contains demographic graphs that generally describe the clients admitted to the treatment system in State Fiscal Year 2001. It is important to point out that the information is by client, not admission, and does not include shelter data.



Graph 10.
Data Source: Treatment Data System (TDS), Office of Substance Abuse



Graph 11.
Data Source: Treatment Data System (TDS), Office of Substance Abuse

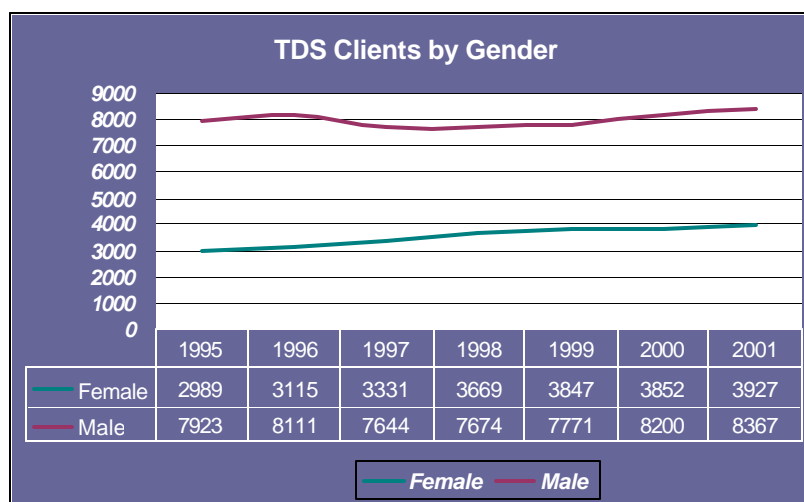


Graph 12.
Data Source: Treatment Data System (TDS), Office of Substance Abuse

OSA has several priority populations. Those priorities are a result of Federal Block Grant requirements and those identified through needs assessment activities.

Women are one of those priority populations. Providing treatment to women, particularly pregnant or parenting women, leads to secondary gains including reductions in developmental disabilities due to fetal alcohol syndrome, the leading cause of preventable mental retardation, and the reduction of a primary risk factor for the child abuse and next generation substance abuse.

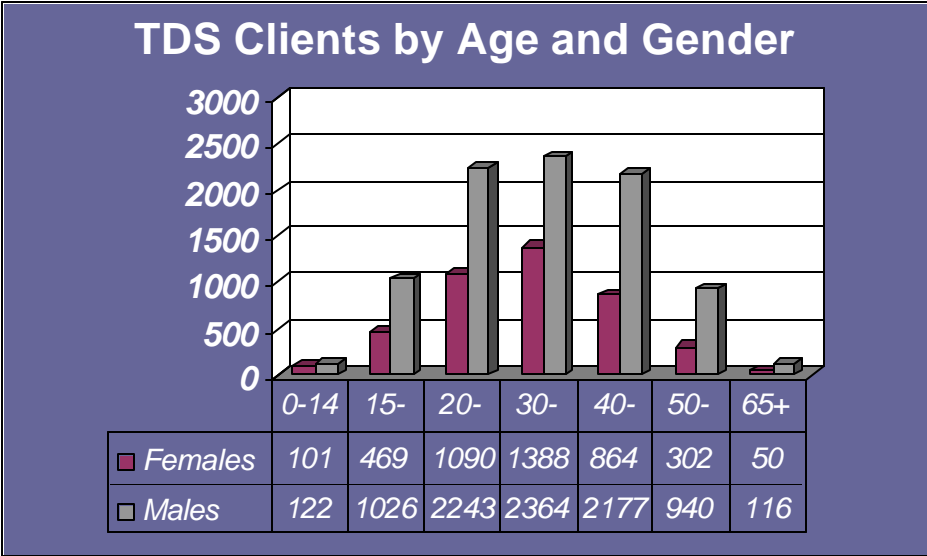
Providing treatment for pregnant women and women with children requires special services including special medical care and child care. Since 1996, OSA has targeted special services for women, with a resulting increase in utilization, even during the years that numbers of admissions overall were decreasing. We expect to continue this trend into 2002 and 2003 as new services like a halfway house for women with children become available.



Graph 3. Data Source: Treatment Data System (TDS),
Office of Substance Abuse

Admissions for men have remained, generally, stable over time. Men remain the primary treatment population in Maine. A Maine treatment needs assessment study done in 1999 indicated that males, ages 15 to 34 are most likely to drink heavily and need alcohol and drug treatment. The higher the percentage of males aged 15 to 34 in a county, the higher the percentage of the adult population who engaged in heavy drinking and were in need of treatment.

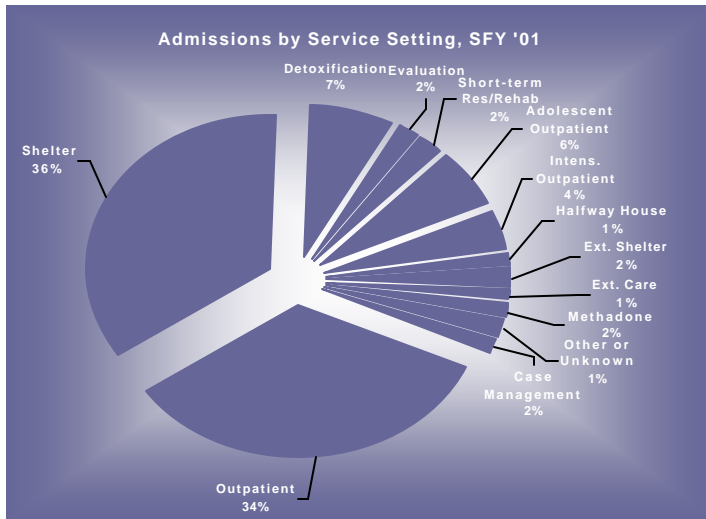
The TDS admission data correlates with the needs assessment study information. Graph 4 shows that a large proportion of OSA's clients are in the 15 to 34 year old age range. There are also a large number of males from age 40 to 50 in treatment.



Graph 4. Data Source: Treatment Data System (TDS),
Office of Substance Abuse

Many of the admissions for clients over the age of 40 are in residential treatment. 55.7% of emergency shelter clients were over the age of 40 at admission. Almost half (46.8%), of the admissions to extended care were for clients who were over the age of 40 as well. Detoxification, halfway house and extended shelter also have high rates of admissions for clients over 40 years of age at 43.8%, 33.9%, and 35.7% respectively. In outpatient treatment however, only 3.2% of clients were older than 40 at admission. Residential treatment is generally used as a last resort for people who have many years of abuse. It stands to reason that this level of care is heavily biased toward the older, chronic addict.

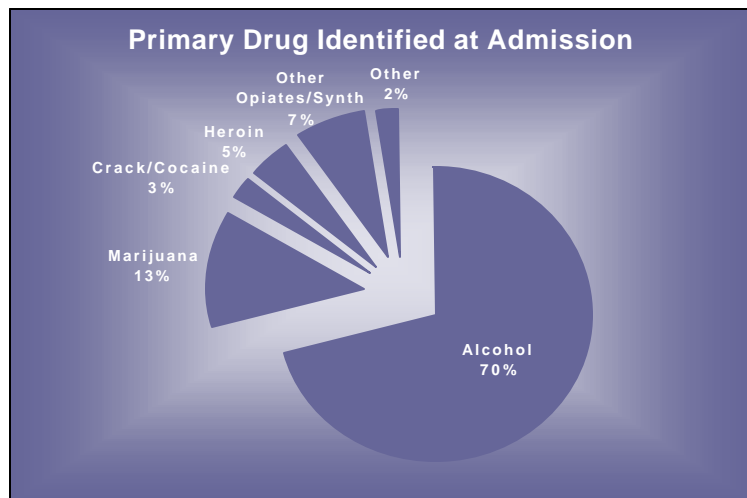
OSA contracts for many different types of services. Graph 5 shows the proportions of services delivered and reported to the TDS. Outpatient remains the primary treatment service setting with 34% in adult outpatient and 6% in adolescent outpatient. An area of concern for OSA is the growing number of shelter admissions. OSA will be working to make additional resources available for shelter clients to move them from shelter to treatment services.



Graph 5. Data Source: Treatment Data System (TDS), Office of Substance Abuse

Alcohol remains the largest drug of abuse among Maine citizens. Work continues to ensure access to timely treatment as well

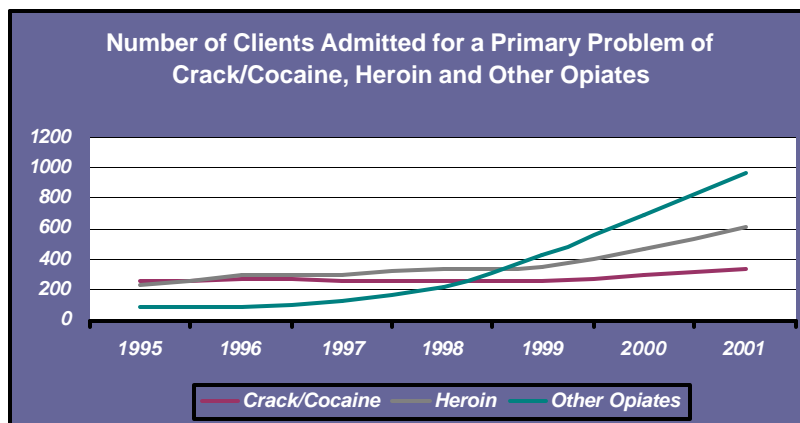
as prevention efforts targeted toward youth alcohol use and abuse. One of those efforts is the Underage Drinking Task Force, a group of interested parties that includes youth and school personnel as well as alcohol retailers and distributors. This group works to create initiatives that focus on keeping underage drinking from happening as well as helping provide the general public with information on what the laws are for furnishing alcohol to minors. In addition, OSA has made the decision to use tobacco funds to sponsor an ad campaign aimed at underage drinking to begin running in FY 2002. Research shows that the longer first use of alcohol is delayed, the fewer the negative consequences of drinking. The risk of addiction in particular, is reduced significantly for every year the onset of alcohol consumption is reduced.



Graph 6. Data Source: Treatment Data System (TDS), Office of Substance Abuse

Marijuana continues to be an issue for Maine. This drug is even more of a concern with youth as can be seen later in the Databook.

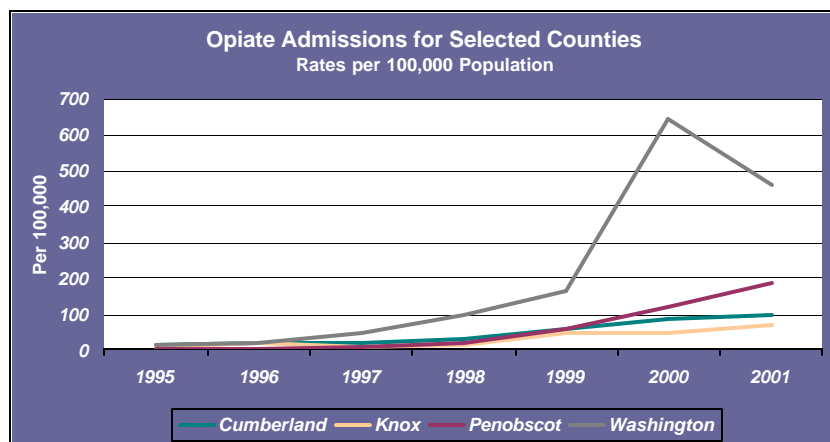
Crack/Cocaine, Heroin, and Other Opiates make up the next three highest groups of drug use admissions. As can be seen from the graph below, these drugs have seen an upsurge in use over the past four years. Of particular concern is the increase in heroin and other opiates. OSA has increased efforts to provide treatment to persons with opiate addictions.



Graph 7. Data Source: Treatment Data System (TDS), Office of Substance Abuse

Detoxification and residential services have been expanded with the Tobacco funds and these services are also important to have available for those seeking treatment for opiate addiction.

As graph 7 indicates, there has been a large upswing in use of opiates, in particular. When the data is run by county, it shows the greatest increase initially was in Washington county.



Graph 8. Data Source: Treatment Data System (TDS), Office of Substance Abuse

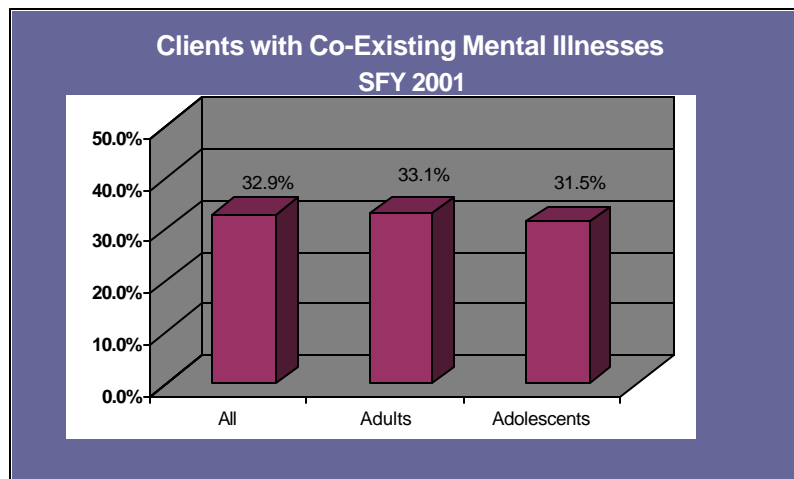
oxycontin. Many users have begun to move to heroin which is less expensive. No TDS data is currently available to verify this issue.

It has contracted with an agency in Bangor to provide opiate agonist treatment (methadone). Methadone treatment is also available in South Portland and Westbrook for people who are able to pay. OSA has also attempted to contract for opiate agonist treatment

in the southern part of the state, but has so far been unsuccessful in finding an inter-

ested, eligible agency. In 2001 there has been a decrease in admissions for Other Opiates in Washington county but an overall increase for the state continues (graph 7). Penobscot, Cumberland and Knox counties continue to show an increase in admissions. Anecdotally, it is being reported that the decrease in Washington county is due to an increase in the price of

Clients who have a mental illness as well as a substance abuse problem are another priority population for the Office of Substance Abuse. The mental health issues in addition to a substance abuse problem require special treatment.



Graph 9. Data Source: Treatment Data System (TDS), Office of Substance Abuse

Generally, one-third of the clients in the TDS during SFY 2001 had a co-existing mental illness. Specifically, 32.9% of all clients, 33.1% of adults and 31.5% of adolescents have a co-existing mental illness.

OSA is currently involved in a Department of Behavioral and Developmental Services (BDS) grant initiative called "Creating a Sys-

tem Welcoming to Persons with Mental Illness and Substance Abuse" that is aimed specifically at serving this population better. This initiative, as its name suggests, will create a system that enables persons with co-existing mental illness and substance abuse to enter the treatment system easily and allow them to get quality treatment.

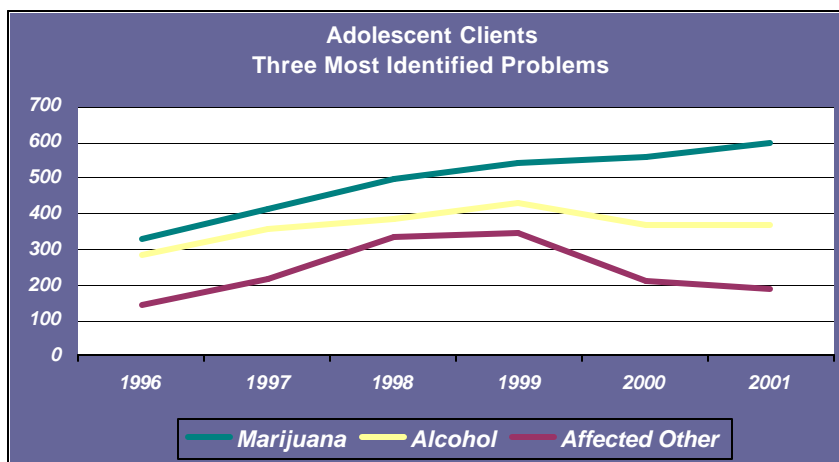
Another piece of this initiative centers around credentialing and special licensing of agencies who have gotten training related to treating co-occurring disorders or have counselors with dual licensure. These agencies would receive "enhanced" licensing, recognizing their abilities and training to serve these clients effectively.

OSA has also been working to add services for clients with co-existing mental illness by specifically targeting funds. It has also made it a priority training issue for 2001 and 2002.

As the substance abuse and mental health field become more adept at integrating services and better identifying multiple issues, it will become even more important for these services to be available.

Since SFY 1995, there has been almost an 11% increase in clients with co-existing mental illnesses. This is due to better clinician training in identifying and treating both diagnoses simultaneously. Prior to 1990, many programs excluded people with dual diagnosis. Only a small minority of agencies continue this practice.

Adolescents or youth, are a priority population for the Office of Substance Abuse. They represent approximately 11% of the TDS clients. The TDS defines adolescent



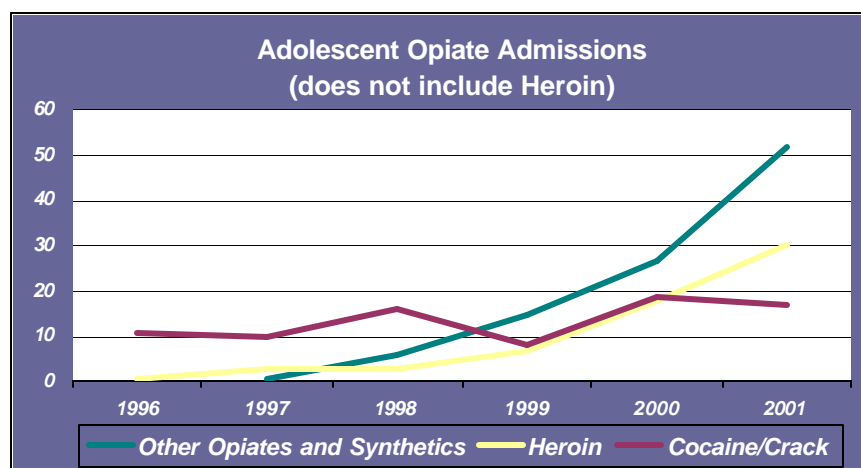
clients as those who are under the age of 19 at admission. Adolescents have their own set of issues and problems that differ from adults. Whereas, alcohol is the primary problem identified for adults, for adolescents the three most identified issues are marijuana, alcohol and being affected by some-

Graph 13. Data Source: Treatment Data System (TDS), Office of Substance Abuse

one else who is using or abusing substances. Graph 13 shows these issues.

Adolescent clients being admitted for marijuana continues to increase, while alcohol admissions has dropped slightly and treatment for being an affected other has fallen as reported earlier.

Opiate related admissions have shown change for adolescents over the last 6 years. Opiates, other than heroin, has gone from 0 admissions in 1996 to 52 in 2001. This increase plus the increase in Heroin admissions from 1 client to 30 clients as a primary identified problem is of great concern. The Office of Substance

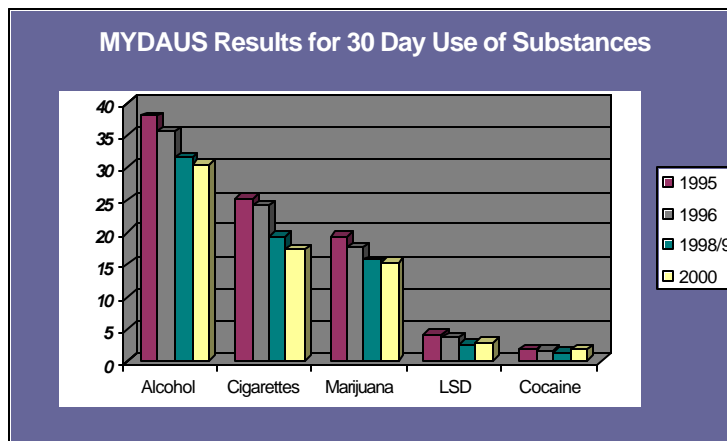


Graph 14. Data Source: Treatment Data System (TDS), Office of Substance Abuse

Abuse has been trying to increase adolescent treatment services over the last several years. Particularly lacking are residential services. There is only one residential treatment facility for youth, which is in the southern part of the state. OSA will issue an RFP to seek agencies willing to offer residential services in other parts of the state in 2002.

The results from the Maine Youth Drug and Alcohol Use Survey (MYDAUS) adds another piece to the picture of adolescent substance use and abuse.

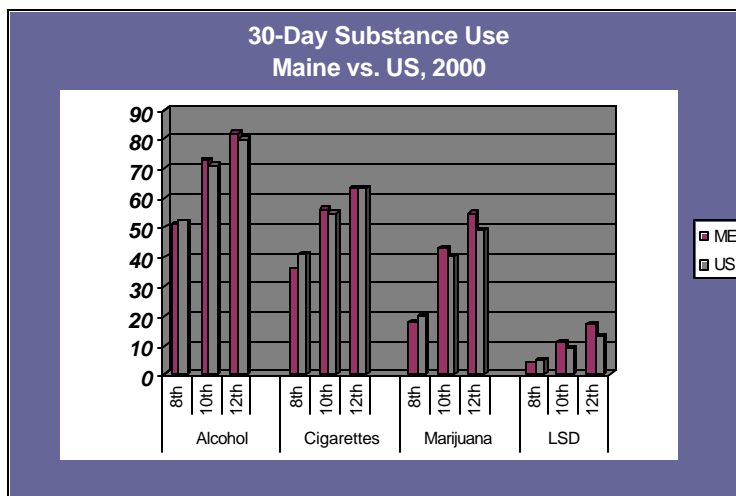
Generally, use had decreased over the last several administrations of the MY-DAUS through 2000. In that survey, students continued to report decrease in 30 day alcohol and cigarette use but marijuana remained almost the same and LSD and Cocaine showed an increase in 30 day use.



Graph 15. Data Source: Maine Youth Drug and Alcohol Use Survey (MYDAUS), Office of Substance Abuse

MYDAUS and the Monitoring the Future (MTF) survey, which surveys youth nationally, have many questions that are similar, but not the same, so cautious comparisons can be made.

Having made that point, the data from the two surveys have similar results.



Graph 16. Data Source: Maine Youth Drug and Alcohol Use Survey (MYDAUS), Office of Substance Abuse and Monitoring the Future, 2000

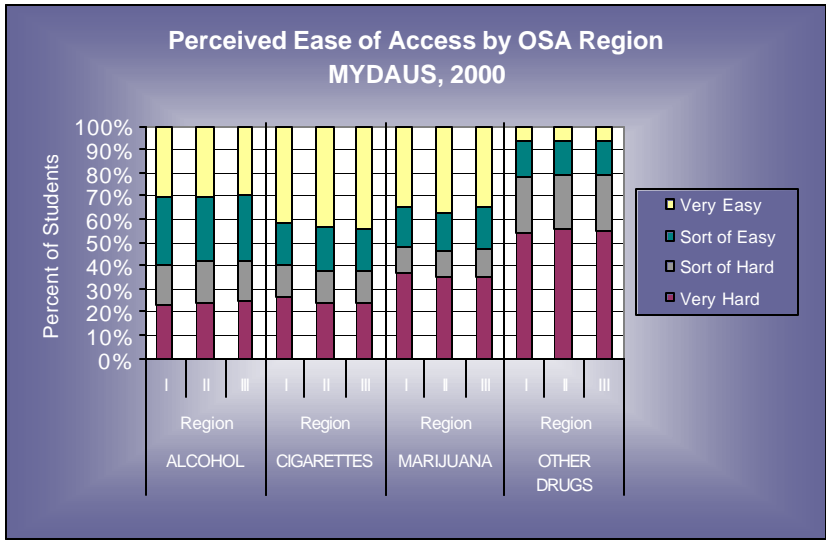
Of particular concern are the higher rates of alcohol and marijuana by Maine's 10th and 12th graders as opposed to the national survey.

On the positive side, Maine comes out below the nation for use by 8th graders. One goal is to continue to keep this cohort of students at lower use levels through increased prevention efforts.

A quick note about Ecstasy, this drug is one of great interest because of the anecdotal accounts of increased use in

Maine. At this time, OSA is not seeing ecstasy admissions in its treatment data and questions regarding its use have just recently been added to the Maine Youth Drug and Alcohol Use Survey (MYDAUS). Data will be available after the 2002 survey.

Graph 17 shows that there is very little difference across the three OSA regions, on the perception of how easy it is to access various substances.

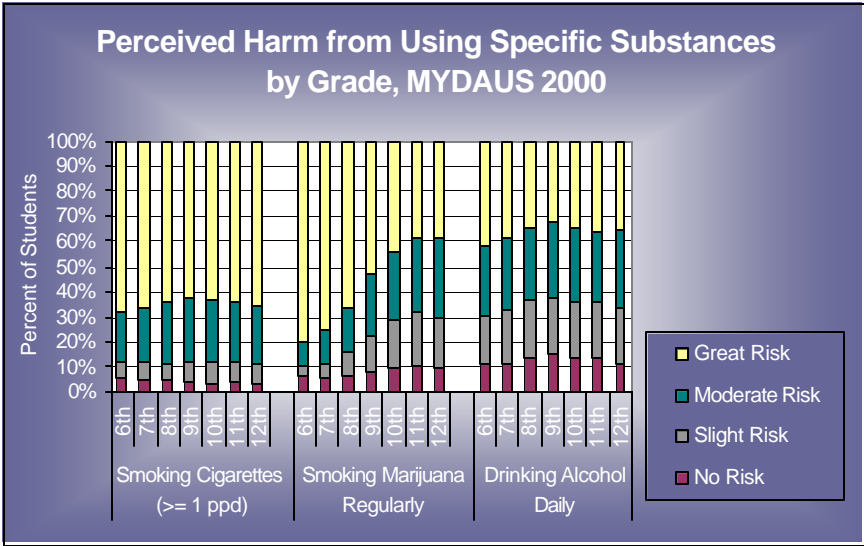


Generally, cigarettes are seen as the easiest substance to get. What may surprise many adults is that marijuana is perceived as the 2nd highest drug that is very easy to access. Alcohol has the widest range of “sort of easy” which combined with “very easy” is rated as the second most accessible substance. Other drugs have a much higher perception rate of difficulty to get.

Graph 17. Data Source: Maine Youth Drug and Alcohol Use Survey (MYDAUS), Office of Substance Abuse

Graph 18 shows the perceived harm from using specific substances. The larger or longer the yellow or teal colored bars are, the greater the perceived risk. The longer the gray or maroon bars are the lesser the perceived risk.

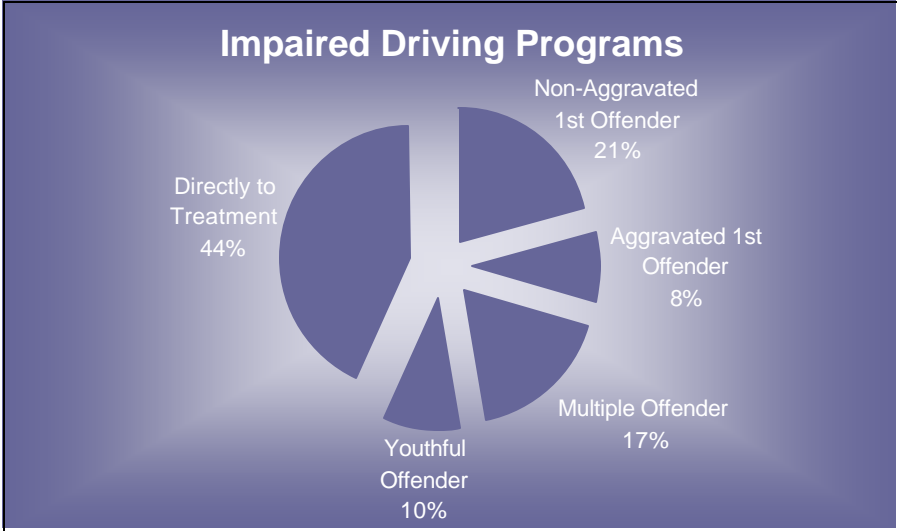
While it is reassuring to note the high levels of perceived risk of harm from smoking cigarettes, it is disappointing to see the lower level of perceived risk from daily alcohol use. As students get older, their perception of risk decreases. This is an issue that the Office of Substance Abuse hopes to impact in the future.



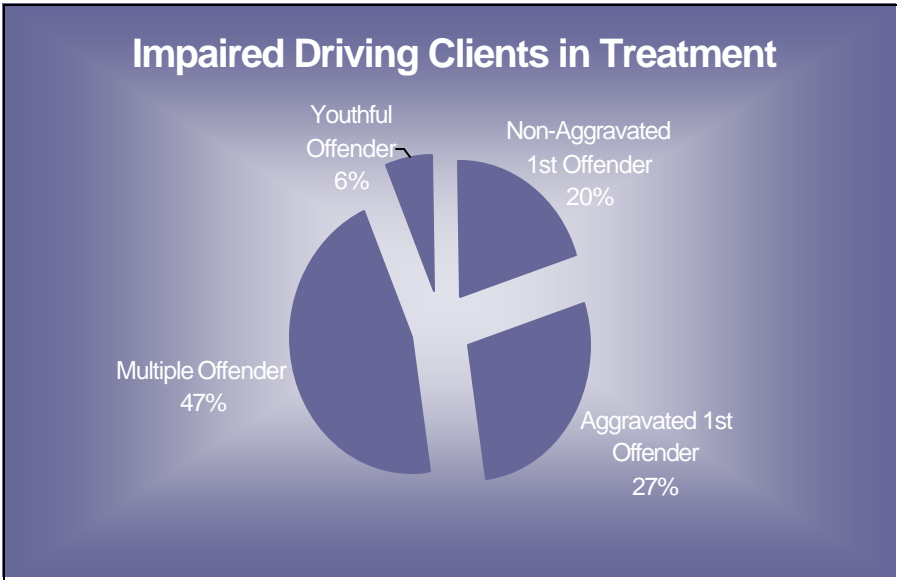
Graph 18. Data Source: Maine Youth Drug and Alcohol Use Survey (MYDAUS), Office of Substance Abuse

A special issue for the Office of Substance Abuse is the impaired driving population. Over one quarter (28.3%) of the clients admitted in SFY2001, to the substance abuse treatment system were involved in an impaired driving incident. These clients represent those who have either chosen to go to treatment without going through

one of the Driver Education and Evaluation Program (DEEP) programs, or they have gone through one of the education and assessment programs and have been referred to clinical evaluation and/or treatment. Of those referred to treatment, the greatest number were multiple offenders.



Graph 20. Data Source: Driver Education and Evaluation Program, Office of Substance Abuse

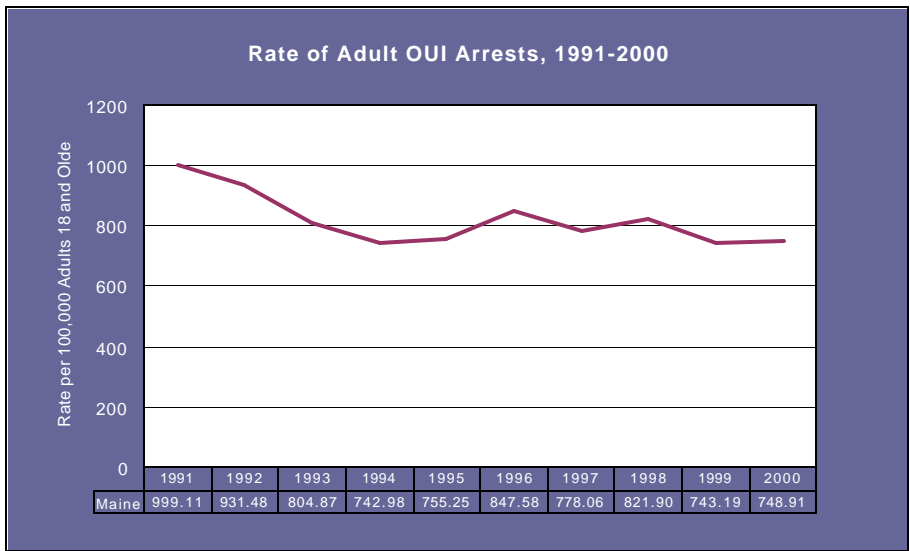


Of the persons entering DEEP, the majority choose to waive an education and assessment program and enter directly into treatment. The clients who do go directly to treatment are, generally, multiple offenders who may have previously taken a DEEP education class and know that it is likely they will be referred to treatment.

Graph 19. Data Source: Treatment Data System (TDS), Office of Substance Abuse

DEEP’s programs take advantage of a “golden opportunity” with impaired driving offenders and offer an intervention to provide research-based education as well as one on one assessment. Those participants assessed to be at high risk for continued alcohol- and/or drug-related problems are referred for a clinical evaluation to determine if there is a need for treatment. Approximately 50% of those referred for evaluation are found to be in need of treatment services and are required by DEEP to complete treatment. Once the individual satisfactorily completes all required evaluation and/or treatment, DEEP notifies the Secretary of States office. It is then at the discretion of the Secretary of State to issue or reinstate the individual’s driver’s license.

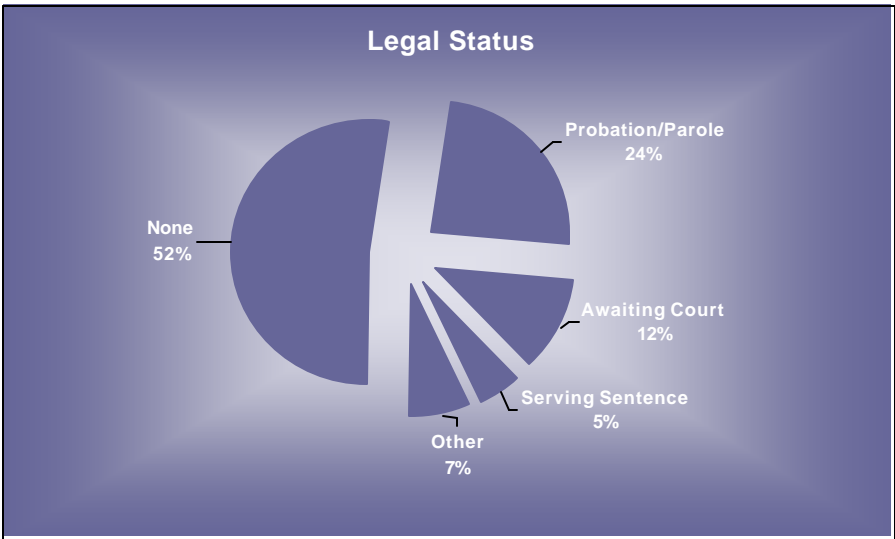
As part of its archival data collection, OSA collects information on OUI arrests. As graph 20 shows, the level of arrests for OUI’s has stabilized. There has been some concern expressed in the substance abuse field and law enforcement that the impaired driving movement has lost its impact and new ways of re-energizing the message are needed.



Graph 20. Data Source: Uniform Crime Reporting, Maine Department of Public Safety

Almost half the clients in the treatment system are involved with the criminal justice system. Also, the Bureau of Justice Assistance in 1995 estimated that 47% of adult

probationers were under the influence of drugs or alcohol at the time of their offenses. A study of the prison population in Maine reported that over 50% of the inmates had some sort of dependence on alcohol or other drugs.



Graph 21. Data Source: Treatment Data System (TDS), Office of Substance Abuse

OSA has specifically targeted efforts at this population. As a result, there has been an increase in clients in treatment. Some of those efforts include a Therapeutic Community at the Windham Correctional Center and the Hallowell Pre-Release Center; an assessment and referral system for adolescent clients involved in the criminal justice system; and, involvement with the drug courts.



Graph 22. Data Source: Treatment Data System (TDS), Office of Substance Abuse

Current and Future Uses of Data

The Office of Substance Abuse uses the data collected from its various resources for many purposes. It is used for planning, allocation of resources, and reports to the legislature, funding sources, contracted agencies, as well as communities and the people of Maine.

A large part of the data collection process is directly tied to performance based contracting. For the treatment agencies, effectiveness and efficiency reports are created to review performance during the fiscal year. They allow OSA to monitor agencies for excellence and occasionally for problems so that technical assistance can be offered.

OSA has developed new data systems recently and has plans to continue to automate all its processes to expedite its ability to respond to needs expressed by its constituency.

For more information produced by, and for, the Office of Substance Abuse, please visit our website at: www.state.me.us/bds/osa